

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/616 805

### Total Fee Calculation

Fee Code	Total # of Claims	Number Exam	X	Fee	Fee	Total
				Sm. Entry	Lg. Entry	
Basic Filing Fee	<u>2017101</u>				<u>690</u>	
Total Claims > 20	<u>2017101</u>	<u>24</u>	<u>4</u>	X	<u>72</u>	
Independent Claims > 1	<u>2017101</u>	<u>4</u>	<u>1</u>	X	<u>78</u>	
Multi-Dep. Claim Present	<u>2017101</u>					
Surcharge	<u>2017101</u>				<u>130</u>	
English Translation	<u>110</u>					
<u>TOTAL FEE CALCULATION</u>						

Fees due upon filing the application

Total Filing Fees Due = \$ 970

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 970

P. M.  
Office of Initial Patent Examination

Figure 7

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/616805

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 =	* 4
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =
	Independent	* Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =
	Independent	* Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =
	Independent	* Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	72
X78=	28
+260=	
TOTAL	840

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	